FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# **FORM D**

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
INIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL							
OMB Number	3235-0076							
Expires:	4/30/2008							
Estimated average	: burden							
hours per response 16.00								
SEC USE ONLY								
Prefix	Serial							
<u> </u>								
DATE RECEIVED								
DATE REC	CELAED							

1367722

Eller.	UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (□) che	ck if this is an amendment and name has changed, and indicate char	nge )
	ering of Units of one Series A Variable Rate Convertible Prefer	
Warrants @ \$8,500 per Unit	or one of the series A variable Rate Convertible Freier	
Filing Under (Check box(es) that ap	ply):	
Type of Filing: New Filing	Amendment	AN OECEWED CO
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested a		
Name of Issuer (check if the	his is an amendment and name has changed, and indicate change.)	( DEC 3 1 2007 )
Spicy Pickle Franchising, Inc.		<u> </u>
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
90 Madison Street, Suite 700, Den		(303) 951-2530 185
Address of Principal Business Opera	ations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
90 Madison Street, Suite 700, Den	ver, CO 80206	(303) 951-2530
Brief Description of Business		
	ngaged in the restaurant franchising business.	07087125
Type of Business Organization		
corporation		ther (please specify):
business trust	limited partnership, to be formed  Month  Year	
Actual or Estimated Date of Incorporation or Org	oration or Organization: 0 1 0 3	Actual Estimated or State:
GENERAL INSTRUCTIONS		
15 U.S.C. 77d(6).  When To File: A notice must be f Securities and Exchange Commission after the date on which it is due, on	an offering of securities in reliance on an exemption under Regulat filed no later than 15 days after the first sale of securities in the or (SEC) on the earlier of the date it is received by the SEC at the at the date it was mailed by United States registered or certified mail to Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	offering. A notice is deemed filed with the U.S. address given below or, if received at that address to that address.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		C C 11			NTIE	ICATION DATA				
2. Enter the information req			_		4l	C				
Each promoter of the  Each base Griel assets				-	-			ra of a along of	aquitu caa	unities of the issuer
		=				ote or disposition of, 10%				unities of the issuer,
Each general and mar			-	_	эгане ;	general and managing part	iicis oi	parmership iss	ucis, and	
Each general and mar	aging	partner of pa	armer	snip issuers.						
Check Box(es) that Apply:	$\boxtimes$	Promoter	$\boxtimes$	Baneficial Owner	$\boxtimes$	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)				Chairman and Chief Ex	ecutiv	e Officer		
	1 mars	vidualy								
Geman, Marc N. Business or Residence Address	ess (N	umber and S	treet,	City, State, Zip Code)	· ——-					
90 Madison Street, Suite 76	00, De	nver, CO 80	206							
Check Box(es) that Apply:		Promoter	X	Beneficial Owner	X	Executive Officer	$\boxtimes$	Director		General and/or
						Director and Chief Ope	rating	Officer		Managing Partner
Full Name (Last name first,	f indi	vidual)								
Walker, Anthony S.				0. 6. 8. 6		····				
Business or Residence Addr	ss (N	umber and S	treet,	City, State, Zip Code)	)					
90 Madison Street, Suite 70	)0, De				,,		<del>-</del>			<del></del>
Check Box(es) that Apply:	П	Promoter	$\bowtie$	Eeneficial Owner	$\boxtimes$	Executive Officer	ш	Director	لبا	General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)		<del></del>		Chief Culinary Officer		· · ·		
·	ii iiiQir	viduai)								
Morrison, Kevin Business or Residence Addr	es (N	umber and S	treet	City State Zin Code	γ	· · ·			-	
	·			City, State, Zip Code,	,					
90 Madison Street, Suite 70 Check Box(es) that Apply:	<u>Ю, De</u>	Promoter	1206	Beneficial Owner	Ø	Executive Officer		Director		General and/or
Check Box(es) that repply.			L	ponomoral owner			_			Managing Partner
Full Name (Last name first,	if indi	vidual)		<del></del>		Chief Financial Officer				
Tinter, Arnold		,								
Business or Residence Addr	ess (N	umber and S	treet,	City, State, Zip Code)	)					···
90 Madison Street, Suite 7										
Check Box(es) that Apply:		Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		General and/or
, , , <b>, , , , , , , , , , , , , , , , </b>	_					Vice President of Opera	itions			Managing Partner
Full Name (Last name first,	if indi	vidual)				vice i resident of Opera	1110113	-		
Maximovich, Mark										
Business or Residence Addr	ess (N	umber and S	treet,	City, State, Zip Code	)					
90 Madison Street, Suite 7	00. De	nver. CO 80	1206							
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)		<del></del>						
BonAnno, Raymond J.		•								
Business or Residence Addr	ess (N	umber and S	treet,	City, State, Zip Code	)			<del></del>		
90 Madison Street, Suite 7	)0, De	nver, CO 80	0206	<b>-</b>						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)					•			
Jones, L. Kelly Business or Residence Addr	ess (N	umber and S	treet.	City, State, Zip Code	<del></del>					
90 Madison Street, Suite 7				,	•					
20 Madison Street, Suite /	<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CO 01								

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;	0/	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 109</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing particles.</li> </ul>		
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers.</li> </ul>	rificis of partifership issu	crs, and
Later general and managing parties of parties only isosors.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	<u> </u>	
Reed, Presley		
Business or Residence Address (Number and Street, City, State, Zip Code)		
90 Madison Street, Suite 700, Denver, CO 80206		
Check Box(es) that Apply:  Promoter  Eeneficial Owner  Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Pusings on Posidones Address (Number and Street City State Tin Code)	<del>_</del>	<del></del>
Business or Residence Address (Number and Street, C:ty, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	<del></del>	
D		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	-	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

								B	. INF	ORM	ATIO	N ABC	OUT O	)FFE	RINC	ì								
1.	Has th	e issue	r sold	l, or do	es the	issuer	intend	l tc sel	l, to n	on-acci	redite	d invest	ors in	this o	fferi	ng?				••••			Yes	No ⊠
						Answer	also	in App	endix	, Colun	nn 2, i	if filing	under	r ULO	E									
2.	What	is the n	ninim	ıum inv	estme	ent that	will b	e a.cce	pted f	rom an	y indi	vidual?		••••••				•••••••	••••••	•••••		\$	102.	
3.	Does	the offe	ring 1	permit	joint	ownersl	nip of	a singi	le uni	ı?								•••••••	•••••	••••••	••••		Yes	No ⊠
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								City, 5	state,	Zip Coo	ie)													
4218 W						a, FL 3	3624																	
Name of					aler																			
Midtow	n Part	ners &	Co.,	LLC																				
States in	Which	Person	n List	ted Has	Soli	cited or	Inten	ds to S	olicit	Purcha	sers									•				
(Check '	'All St	ates" or	chec	ek indiv	/idual	States)						•••••									••••		All:	States
AL)		[AK]		[AZ]		[AR]	$\boxtimes$	[CA]	$\boxtimes$	[CO]		[CT]		[DE]		[DC]		[FL]		[GA]		[HI]		[ID]
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[RI]		[SC]		[SD]		[TN]	$\boxtimes$	[TX]		[UT]		[VT]		[VA]		[WA]		[WV]		[WI]		[WY]		[PR]
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						,																		
Busines	or Re	sidence	Add	ress (N	lumbe	r and S	treet,	City, S	state,	Zip Coo	de)													
Name of	Assoc	iated B	rokei	r or De	aler			-																
States in	Whiel	Person	n List	ted Has	Solie	cited or	Intend	ds to S	olicit	Purcha	sers													
(Check																							All:	States
[AL]		[AK]				[AR]	_	[CA]		[CO]		[CT]		[DE]		[DC]		[FL]		[GA]		(HI)		[ID]
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		[NE]				[NH]		[4]		[NM]		[NY]				[ND]		(ОН]		[OK]		[OR]		[PA]
☐ [RI]		[SC]				[TN]	_	[TX]		[UT]		[VT]		[VA]	_	[WA]		[WV]		[WI]		[WY]		[PR]
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Busines	or Re	sidence	Add	ress (N	umbe	r and S	treet,	City, S	tate,	Zip Coo	de)					-								•
Name of	Assoc	iated B	rokei	r or Dea	aler								•											
States in	Which	Person	n List	ted Has	Soli	cited or	Intend	ds to S	olicit	Purcha	sers													•••
(Check '	'All St	ates" or	chec	k indiv	idual	States)									• • • • • • • • • • • • • • • • • • • •								All S	States
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[] [IL]		[IN]		[IA]		[KS]		[KY]		[LA]		[ME]		[MD]		[MA]		[MI]		[MN]		[MS]		[MO]
[MT]		[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		[NC]		[ND]		[OH]		[OK]		[OR]		[PA]
[RI]		[SC]		[SD]		[TN]	П	[TX]		[UT]		[VT]	П	[VA]	П	[WA]	П	[WV]	П	[WI]	П	[WY]	П	(PR)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PL	KOCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security	Aggregate Offering Pric	e	Amount Already Sold
	Debt	\$		\$
	Equity	\$ _5,992,500		\$ 5.992,500
	☐ Common ☑ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify)	\$	<u>.                                    </u>	\$
	Total	\$ 5,992,500		\$ 5,992,500
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	14		\$ 5,992,500
	Non-Accredited Investors			
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	·		\$
	Regulation A	•••		<u> </u>
	Rule 504			s
	Total			<b>S</b>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est mate.		<del></del>	
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		$\boxtimes$	\$ 120,000
	Accounting Fees		⊠	\$ 15,000
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		⊠	\$ 245,140
	Other Expenses (identify) Travel and other miscellenous		⊠	\$ 25,000
	Total		⊠	\$ 405,140

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be for each of the purposes shown. If the amount for any purpose is not known, furnish an esti and check the box to the left of the estimate. The total of the payments listed must equa adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	ot known, furnish an estimate syments listed must equal the Question 4.b above.  Int	ate he he	Payment to Officers, Directors, Affiliates \$ \$ \$ \$ \$	&			ments to Others
Salaries and fees	CRAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		Officers, Directors, Affiliates  \$ \$ \$ \$	&		\$ \$	
Purchase of real estate	CRAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		Directors, Affiliates \$ \$ \$ \$	&		\$ \$	
Purchase of real estate	CRAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		\$ \$ \$			\$	
Purchase, rental or leasing and installation of machinery and equipment	CRAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		\$ \$			•	
Construction or leasing of plant buildings and facilities	RAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		s s			S	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness	CRAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		\$		$\nabla$	•	
may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness	RAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.					\$	4,000,000
Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)	CRAL SIGNATURE  y authorized person. If this not Exchange Commission, upof Rule 502.		\$			\$	
Other (specify):  Column Totals	RAL SIGNATURE  y authorized person. If this not exchange Commission, upof Rule 502.	_				\$	
Column Totals	RAL SIGNATURE y authorized person. If this not Exchange Commission, upof Rule 502.		\$		$\boxtimes$	\$	1,587,360
Column Totals	RAL SIGNATURE y authorized person. If this not Exchange Commission, upof Rule 502.		\$			\$	
Column Totals	GRAL SIGNATURE  y authorized person. If this not exchange Commission, upof Rule 502.		\$			\$	
Column Totals	grathorized person. If this not exchange Commission, upof Rule 502.		\$			\$	
Total Payments Listed (column totals added)  D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Signature  Signature	RAL SIGNATURE  y authorized person. If this not exchange Commission, upof Rule 502.		\$		$\boxtimes$	\$	5,587,360
D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Signature	eral SIGNATURE  y authorized person. If this not exchange Commission, upof Rule 502.		1	⊠ \$	5,587,3	60	
	17	notice is pon writt	filed under R en request of	tule 505 fits staff	, the follo	wing mati	signature on furnished
Spicy Pickle Franchising, Inc.	17-				Date		
	<u> </u>				Decem	ber f	2007
Name of Signer (Print or Type)  Title of Signer (Print or Type)	at or Type)						
Arnold Tinter Chief Financial Officer	ficer						

ATTENTION

Intentional misstatements or organisations of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
. Is any party described in 17 CFR 230.262 pt	esently subject to any of the disqualification provisions of such rule?	Yes
	See Appendix, Column 5, for state response.	
. The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by s	furnish to any state administrator of any state in which this notice is filed, a notice on Fo tate law.	rm D (17
. The undersigned issuer hereby undertakes to offerees.	furnish to the state administrators, upon written request, information furnished by the iss	uer to
	suer is familiar with the conditions that must be satisfied to be entitled to the Uniform Lin which this notice is filed and understands that the issuer claiming the availability of this exditions have been satisfied.	
The issuer has read this notification and knows the uthorized person.	e contents to be true and has duly caused this notice to be signed on its behalf by the under	ersigned duly
ssuer (Print or Type)	Signature Date	- ·
picy Pickle Franchising, Inc.	Signature Date  Dece	ember <b>2)</b> , 200
lame of Signer (Print or Type)	Title of Signer (Print or Type)	
Arnold Tinter	Chief Financial Officer	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2	2	3			4			5
	Intend to non-ac investors	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	(1	,	Units of Series A	Number of		Number of		,	
China	3/	<b>3</b> .7 -	Preferred and	Accredited	<b></b>	Non-Accredited Investors	<b></b>	Yes	No
State	Yes	No	Warrants	Investors	Amount	Investors	Amount	1 (5	110
AL AK			+						
AZ			+						
AR				<u> </u>		-			
CA		1	525	8	\$4,462,500			Ī	<b>√</b>
CO	-	<b>/</b>	168	5	\$1,428,000				<b>√</b>
СТ					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DE								"	
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NV	-	-				1		<del>                                     </del>	<del> </del>
NH	-	-			<del> </del>			<del> </del>	<del> </del>
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NM								-	<del> </del>
NY	<del> </del>				<del> </del>	<del> </del>	<del></del>		<del> </del>
NC	<del>                                     </del>	-				<u> </u>	<b>_</b>	<u> </u>	<del> </del>
ND	<del> </del>	-	-		<del> </del>	<u> </u>		<del> </del>	<del> </del>
OH	<del> </del> -							-	<del>                                     </del>
OK OB		<del> </del>	<del>                                     </del>		<del> </del>			1	<del> </del>
OR	<del> </del>		<del>                                     </del>					<del>                                     </del>	
PA	<u> </u>	1			<u> </u>		<u> </u>		l

			ļ.	API	PENDIX						
1	Intend to sell To non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Units of Series A Preferred and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
RI											
SC											
SD											
TN											
TX		✓	12	1	\$102,000				<b>✓</b>		
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